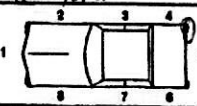
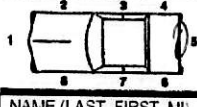


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-4660		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO					
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH 03/14/2016		DAY Monday		TIME MILITARY 1401							
CRASH OCCURRED ON 1889 Deerfield Rd						WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION ____ MILES ____ FEET W N E S OF						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)						CITY CODE					
LOG-1		LOG-2		LOC JUR FH3 FILT													
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Liberty AOS-288-(606)25-1651					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Kocurek, Leanne E						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1130 Middleboro Rd, Oregon, OH 45054											
PHONE NO 513-932-2156		BIRTH DATE 11/11/1956		AGE 59	SEX F	SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO RM401218		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) Grace Fellowship Tabernacle						ADDRESS 1130 Middleboro Rd, Oregon, OH 45054						PHONE 513-932-2156					
VEH YR 2013	MAKE Chrysler	MODEL Town & Country		COLOR 61k	STYLE SW	STATE OH		LICENSE PLATE NO FUH8003		TOWING SERVICE		VEH PED DIR FROM TO					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8	UNIT NO. 2	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Safeco K2304988							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Whitney, Rhonda S						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 925 W Pekin Rd, Lebanon, OH 45036											
PHONE NO 937-409-0390		BIRTH DATE 4/23/1958		AGE 57	SEX F	SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO RU413075		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME						ADDRESS						PHONE					
VEH YR 2000	MAKE Chevrolet	MODEL Suburban		COLOR Silver	STYLE SW	STATE OH		LICENSE PLATE NO EX22LE		TOWING SERVICE		VEH PED DIR FROM TO					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	POSITION			INJURIES					
		ADDRESS				m D Y			A B C D E F			A B C D E F					
		PHONE						SEX									
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	A B C D E F			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS				m D Y											
		PHONE						SEX									
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	A B C D E F			CONDITION					
		ADDRESS				m D Y						A B C D E F					
		PHONE						SEX									
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	A B C D E F			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
		ADDRESS				m D Y											
		PHONE						SEX									
		OFFENSE CHARGED AND DESCRIPTION								RESTRAINTS			ALCOHOL				
		OFFENSE CHARGED AND DESCRIPTION								EJECTION			DRUGS				
RECEIVED CALL 1401		DISPATCHED 1405		ARRIVED 1414		CLEARED 1428		OTHER TIME 20		TOTAL MINUTES 48		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
DATE REPORT FILED M 3 10 15 16		PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER'S NAME Hussermann		BADGE NO. 117		CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG				